

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

1088521

FILING DATE

4-21-88

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1	1				
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11	1					
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		6				
19		6				
20		6				
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	47					
TOTAL CLAIMS	49					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						